



Patient's name

DOB

NHS number

Address



Carer Diary



To assist you in your caring role, this diary has been developed specifically to assist you with recording the as-needed subcutaneous medications that are given to the person you are caring for each day. You should complete a page in this diary each time the person you are caring for experiences a breakthrough symptom that requires as-needed subcutaneous medication, even if you do not administer the medication yourself.

This diary is one part of the CARiAD package for carers. The diary is based on the study materials of a Bangor University research study, which was adapted from the Brisbane South Palliative Care Collaborative Caring Safely at Home booklet entitled 'Caregiver Daily Medication Diary'. It is only to be used in conjunction with thorough training from local healthcare teams.

There are instructions on how to use the diary on the following pages and your healthcare team will go through these with you. If you have any further questions please speak to your healthcare team.

Contact Details

District Nurse Service

Team

Named DN
(if applicable)

Contact details

Working hours

In hours GP service

GP Surgery

Usual GP
(if applicable)

Contact details

Working hours

Out of Hours GP Service

Contact details

Working hours

Local Pharmacy

Name

Telephone

Fax/Email

Specialist Palliative Care Service

Team

Named DN
(if applicable)

Contact details

Working hours

Other important contacts

Person or service

Named Contact
(if applicable)

Contact details

Working hours

Person or service

Contact details

Working hours

Carer diary instructions

For **each** medication you give, please complete the following:

Date and time that symptom developed

(30/11/16)

8.35 pm

Noted by:

- ☒ Patient
- ☐ Carer
- ☐ HCP

Write the date (day/month/year) and time that you or the person you are caring for feels that a symptom is developing that is not being controlled by any regular medication or previous doses of as-needed medication.

Tick the box to indicate who noted the symptom developing.

Breakthrough symptom

- ☐ Pain
- ☒ Nausea/vomiting
- ☐ Anxiety or Agitation/
restlessness
- ☐ Noisy 'rattly'
breathing
- ☐ Breathlessness

Tick the box which best explains the reason you are giving the medication. Sometimes you may need to give different medications, for example one for pain and one for nausea. If so, record each on a separate page.

Symptom score before (0-10)

7/10

Assessed by:

- ☒ Patient
- ☐ Carer

If possible, ask the person how they would rate their symptom on a scale of 0-10, where 0 is no symptom and 10 indicates the worst that symptom can possibly be. If the person is not able to tell you, you can record how bad you think the symptom is in your experience of caring for the person. Record the number for the symptom. This will help you to see later on if the symptom has improved.

Tick the box to show who rated how bad the symptom was, you or the patient.

Medication given

Name:

Cyclizine

Given by:

☒ Carer

☐ HCP

Write the name of the medication each time you give it.

Tick the box to show if you gave the medication or if a healthcare professional (HCP) was called and gave it.

Dose

50 mg

Write the dose of the medication each time you give it. Remember to put the number and the units (the letters after the number). You should check this is correct using the chart at the front of your diary before giving the medication.

Time medication was given at

8.55 pm

Write the time that the as-needed medication was given.

Symptom score 30 minutes after medication (0-10)

3/10

Assessed by:

☒ Patient

☐ Carer

☐ HCP

After 30 minutes have passed since the medication was given, check to see if the symptom has improved. Again, if possible, ask the person how they would rate their symptom on a scale of 0-10, where 0 is no symptom and 10 indicates the worst that symptom can possibly be. If the person is not able to tell you, you can record how severe you think the symptom is in your experience of caring for the person. Record the number for the symptom.

Tick the box to show who rated how severe the symptom was. This may be you, the patient or a healthcare professional if one was called.

Remember: Everyone is different and for some people, the as-needed medications can take between 15-30 minutes to work. Allow this time for the medication to work before checking and recording the symptom score for this section of the diary. If you are concerned you can contact your doctor or nurse for further advice.

When were symptoms resolved to an acceptable level?

- ☒ Within 30 mins of medication
- ☐ If longer please specify time:

Assessed by:

- ☒ Patient
- ☐ Carer
- ☐ HCP

When the patient's symptoms have improved to an acceptable level, tick the box to indicate if this happened within 30 minutes of the medication being given, or if it took longer. If it took longer than 30 minutes, write down the time it took for the symptom to improve to an acceptable level.

Tick the box to show who made the assessment of when the symptom was resolved. This may be you, the patient or a healthcare professional if one was called.

How confident were you in giving the injection

3 / 10

If you gave the medication, rate how confident you were in preparing and giving the injection on a scale of 1-10

(1 = not at all confident,
10 = extremely confident).

Was healthcare professional support sought?

- ☐ Yes
- ☒ No

Tick the box to indicate if you called a healthcare professional (such as a nurse or out of hours services) to visit you at home as a result of the breakthrough symptom. If so, there is a section at the bottom of the page they should complete.

At the bottom of the table there is a space for you to add any extra comments that might be helpful to you. This can be anything that you might want to remind yourself of later or anything you might want to remember to discuss with the person's healthcare team.

Please remember to write down your initials in the 'Carer initials' box.

It is important that no pages are removed from your diary. If you make a mistake, cross it out and use a fresh page. If you are running out of space in your diary you should let your healthcare team know.

Breakthrough symptoms	As-needed medication	Dose	Volume needed for required dose	Maximum number of doses in 24 hrs (3 or fewer)	Special Instructions (e.g. additional top up doses)	Reasons for dose change (also ensure doses no longer relevant are crossed out clearly)
Pain						
Anxiety or Agitation/ restlessness						

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Nausea or vomiting						
Noisy 'rattly' breathing						
Breathlessness						

